

SOS APA Form 001
Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME: <i>MS Department of Human Services</i>		CONTACT PERSON: <i>Earl Scales</i>		TELEPHONE NUMBER: <i>601-359-4237</i>	
ADDRESS: <i>750 North State Street</i>		CITY: <i>Jackson</i>		STATE: <i>MS</i>	ZIP: <i>39202</i>
EMAIL: <i>ESCAL@ago.state.ms.us</i>	SUBMIT DATE <i>12/10/13</i>	Name or number of rule(s): <i>Title 18: Part 6: Chapter 1: Section D, Foster Care</i>			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: *Amendment to existing rule(s) for MDHS Title 18, Part 6, DFCS Administration.*

Specific legal authority authorizing the promulgation of rule: *Miss. Code ann. 43-15-3; 5; 13*

List all rules repealed, amended, or suspended by the proposed rule: *N/A*

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
____ New rule(s)
☒ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
☒ 30 days after filing
____ Other (specify): _____

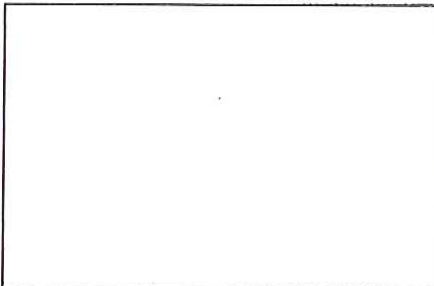
FINAL ACTION ON RULES

Date Proposed Rule Filed: ____
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): _____

Printed name and Title of person authorized to file rules: *M. Earl Scales, Asst. Attorney General*

Signature of person authorized to file rules: *[Signature]*

OFFICIAL FILING STAMP



Accepted for filing by

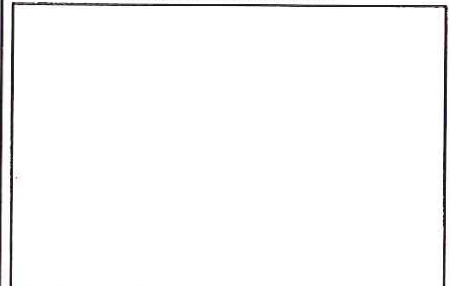
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FILED
DEC 10 2013
MISSISSIPPI
SECRETARY OF STATE

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#20201

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.